

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/541598

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		(1)				
5		(1)				
6		(1)				
7		(1)				
8		(1)				
9	1					
10		1				
11		2				
12		(1)				
13		(1)				
14	1					
15		1				
16		2				
17		(1)				
18		(1)				
19		(1)				
20	1					
21		1				
22		2				
23		(1)				
24		(1)				
25	1					
26		1				
27		1				
28		3				
29		(1)				
30		(1)				
31		(1)				
32	1					
33	1					
34	1					
35		1				
36		2				
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48						
49						
50						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	35	←		←		←
TOTAL CLAIMS	43					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						